



2017 Fall College Tour Participant Registration Form

Date of Event/Tour: September 28 – 30, 2017

PLEASE PRINT CLEARLY and LEGIBLY! (All Communication Regarding Tour will be sent to email addresses listed below. Please provide email addresses that are checked regularly).

Current Grade Level _____ What year will you graduate high school? _____ Gender: _____

Full Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Mother/Guardians' Full Name(s): _____

Mother/Guardian's Cell Phone: _____ Email Address: _____

Father/Guardian's Full Name(s): _____

Father/Guardian's Cell Phone: _____ Email Address: _____

Student's Cell Phone: _____ Student's Email _____

PARENTAL CERTIFICATION

I give my child permission to attend the above named event hosted by Arabia Mountain High School PTSA. I will hold neither my child's school, organization, school district nor the officers, for any actions, mishaps, or loss (including death) that may occur during this trip. Furthermore, I understand that if my child is involved in any illegal actions (including, but not limited to possession of illegal substances, alcohol, cigarettes, tobacco, weapons, weapon lookalikes, or fake identification) or inappropriate conduct (including, but not limited to fighting, harassment, sexual misconduct, profanity, theft, failure to comply with curfew, or disrespect toward chaperones or tour guides), I will be contacted immediately and in extreme circumstances, my child may be dismissed from the tour and I may be required to travel at my own expense to retrieve my child. I understand that payments will not be refunded.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Name of Health Insurance Co. _____ Group Name _____

Policy Holder _____ Policy Number _____

- **PLEASE CHECK HERE IF THE STUDENT IS NOT COVERED BY HEALTH INSURANCE.**

Emergency Contact: _____ Home # _____ Work or Cell # _____

Please answer the following.

1. Does your child have any illness, health conditions, mobility limitations, or communicable disease that we should be aware of? _____
If so, please list. _____

2. Does your child have an allergy to any foods or medications? _____ If so, please list. _____

3. Is your child required by a medical doctor to take any medications? _____ If so, please list _____

Check here if your student has special dietary needs. Please indicate the specific needs below: _____

To Be Completed by PTSA Representative:

Deposit Received \$ _____ Date _____ Method: Cash Money Order Check (# _____) Pay Pal